

## MENTAL HEALTH PLANNING AND ADVISORY COUNCIL

November 19, 9:00 am to 3:30 pm  
Polk County River Place, Room 1  
2309 Euclid Avenue, Des Moines, Iowa  
MEETING MINUTES

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### MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Teresa Bomhoff	Craig Matzke (phone)
Kenneth Briggs Jr.	Sally Nadolsky
Jim Chesnik (phone)	Tammy Nyden
Jackie Dieckmann	Donna Richard-Langer
Jim Donoghue	Jim Rixner
Julie Hartman	LeeAnn Russo (pm)
Julie Kalambokidis (phone)	Christina Schark
Gary Keller (phone)	Dennis Sharp
Anna Killpack	Kathy Stone (phone)
Sharon Lambert	Gretchen Tripolino
Todd Lange (phone)	Kimberly Wilson
Amber Lewis (phone)	

### MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

Ron Clayman	Joe Sample
Kris Graves	Ed Wallace
Lori Reynolds	Ann Wood
Brad Richardson	

### OTHER ATTENDEES:

Connie Fanselow	DHS, MHDS, Community Services & Planning
Laura Larkin	DHS, MHDS, Community Services & Planning
Liz O'Hara	Center for Disabilities and Development, U of Iowa
Lisa Wunn	Parent Advocate/MHPC Nominee

### COMMITTEE MEETINGS

The Legislative Workgroup met from 9:00 am to 10:00 am. Teresa Bomhoff, Ken Briggs, Anna Killpack, and Todd Lange participated.

### WELCOME AND INTRODUCTIONS

Teresa Bomhoff called the meeting to order at 10:05 am. Quorum was established, with 13 members present and 7 members participating by phone.

## APPROVAL OF MINUTES

Jim Rixner made a motion to approve the minutes of the September 17, 2014 meeting as presented. Anna Killpack seconded the motion. The motion passed unanimously, with Jim Chesnik, Julie Kalambokidis, Gary Keller, Todd Lange, Amber Lewis, Craig Matzke, and Kathy Stone voting by phone. Tammy Nyden and Sharon Lambert joined the meeting after the vote.

## NOMINATIONS COMMITTEE REPORT

Dennis Sharp reported that the committee has received and reviewed one new application for membership from Lisa Wunn. There are three current vacancies on the Council: two for parents of a child with SED, and one for an adult in recovery.

Lisa Wunn lives in Ames and is formerly from the Marshalltown area. She is the mother of an 18-year-old daughter with multiple mental health issues including Tourette syndrome, anxiety, and depression. Lisa also has a PTSD diagnosis. She is interested in learning more, becoming a better advocate, and improving the services system. Lisa was recommended for membership by Anna Killpack. Anna met her at Parents as Presenters and says she is very passionate and interested in being involved. The committee recommends her for membership.

Donna Richard-Langer made a motion to nominated Lisa Wunn as a new Council member in the category of Parent of a Child with SED. Julie Kalambokidis seconded the motion. The motion passed unanimously, with Jim Chesnik, Julie Kalambokidis, Gary Keller, Todd Lange, Amber Lewis, Craig Matzke, and Kathy Stone voting by phone. Tammy Nyden and Sharon Lambert joined the meeting after the vote.

## ELECTION OF OFFICERS

The Nominations Committee offered a slate of candidates for election: Teresa Bomhoff for Chair, Ken Briggs Jr. for Vice-Chair, and Kris Graves for Secretary. All three candidates are currently holding those offices and have indicated a willingness to continue to serve another term. Jim Rixner made a motion to re-elect Chair Teresa Bomhoff, Vice-chair Ken Briggs, and Secretary Kris Graves. The motion was seconded by Sally Nadolsky. The motion passed unanimously, with Jim Chesnik, Julie Kalambokidis, Gary Keller, Todd Lange, Amber Lewis, Craig Matzke, and Kathy Stone voting by phone. Tammy Nyden and Sharon Lambert joined the meeting after the vote.

## MEMBERSHIP TERM RENEWALS

Members whose terms expire this month are: Teresa Bomhoff, Ken Briggs, Jackie Dieckmann, Jim Donoghue, Kris Graves, Gary Keller, Todd Lange, Brad Richardson, Joe Sample, and Dennis Sharp. All except Gary and Jim D. have submitted written

notice of their intention to serve another term. Gary confirmed by telephone and Jim is waiting for his supervisor's approval. The new terms will expire in November 2017.

## MONITORING AND OVERSIGHT COMMITTEE REPORT

Jackie Dieckmann reported on the Committee's work and shared its draft recommendations to DHS for future use of CMHS Block Grant funds. The Mental Health Planning and Advisory Council recommends that funds from the Community Mental Health Services Block Grant be used to:

1. Provide Youth Mental Health First Aid Training to School Resource Officers, Community Resource Officers, D.A.R.E Officers, and any other Law Enforcement Officer who works primarily with persons under the age of 18.
  - *Such training would assist those officers working in our school system to better recognize, interact and respond appropriately to those who experience a mental health crisis and maintain safety for everyone.*
2. Provide Youth Mental Health First Aid Training to general and special education teachers, teaching associates, classroom aides, school administrators, counselors, and coaches.
  - *Such training would assist those school employees working with our children to better recognize, interact and respond appropriately to those who experience a mental health crisis.*
  - *Such training would increase the capacity for schools personnel to meet the needs of students with mental health conditions, which could help families keep their child at home and out a residential placement.*
3. Provide in-custody suicide prevention training to Iowa Sheriff's Office Jail employees and Department of Corrections employees.
  - *Such training would assist personnel who are dealing directly with incarcerated individuals with mental illness.*
  - *Such training would encourage jail personnel to direct inmates to resources to help them cope with the stressors associated with involvement in the criminal justice system.*
  - *Such training would enable jail staff to identify the signs and symptoms of suicidal tendencies, ideations, signs and symptoms.*
4. Provide an on-line training system and curriculum to all Iowa First Responders to include but not limited to Law Enforcement, Corrections, Fire, EMS, Homeland Security and Emergency Management personnel.

- *Such training would provide a mechanism to deliver time sensitive information and training to agencies and individuals in an efficient cost effect format.*
5. Provide training in the area of standardized screening, classification, and triage to all Emergency Room Physicians, Emergency Room Nurses, EMS and Law Enforcement at the point of critical need.
    - *Such training would provide a standardized and consistent instrument or methodology of triaging persons suffering a mental health crisis. Training in the use of the instrument should be included.*
  6. Provide mandatory mental health training to designated offender groups through the courts system. To include but not limited to Domestic Abuse Offenders and Sexual Abuse Offenders.
    - *Such training would show offenders the effects and impact of mental illness as a result of the victimization and the potential of the impact of mental health as a contributing factor to the cause of the offense.*
  7. Provide mental health training to families and victims of Domestic or Sexual Abuse.
    - *Such training would assist victims to better understand and recognize the impact of the offense on their own mental health, on their children's or other family members' mental health, and understand the family dynamics.*
  8. Provide Mental Health First Aid training in the secondary schools throughout the state.
    - *Such training would become part of the mandatory curriculum for graduation from high school. Just as with other mandatory curriculum, mental health instruction could help with current and future situations and assist in the reduction of stigma of mental illness, bullying, discrimination, and other victimization. It would promote greater awareness and communicate the importance of prevention and early intervention.*
  9. Determine the need for, and support the development of, more schools in Iowa that follow a therapeutic model.
    - *Iowa's only therapeutic school, Heartland Family Services School in Council Bluffs, operates at capacity. Children and youth continue to be placed in out of state PMICs because educational and other services appropriate to their needs are not available close to home. Greater access to therapeutic schools for children with serious emotional disturbance and youth with mental illness could help families keep their children at, or close to, home.*

10. Support workforce development in the mental health field including, but not limited to:
  - a) the training, recruitment, and retention of psychiatrists
  - b) expansion and enhancement of the role of Peer Support Specialists and Family Support Peer Specialists
  - *Access to mental health professionals and trained peers is critical to a comprehensive community based mental health system. The promotion of telehealth options is one strategy for increasing access to psychiatrists. Trained peers can serve in a variety of valuable roles including but not limited to illness management, wellness planning, crisis planning, and self-advocacy training. Peers support is a cost-effective service that can help reduce the need for more intensive and more costly interventions.*
11. Increase funding to the Office of Consumer Affairs to enhance its capacity to maintain an effective web presence, provide information and referral to persons with mental illness, assist them in connecting with needed resources, and function as an entry point to Iowa's "no wrong door" access system.
  - *The OCA is a valuable resource for Iowans with mental illness and their families; however, its capacity to provide outreach, up-to-date information, and collaborate with other organizations is limited by the financial resources available.*

Discussion - Ken Brigg said he supports mental health training for teachers as very much needed. It was commented that often training starts at the middle or high school level and it should start at the elementary school level to facilitate earlier intervention and prevention of the need for more serious interventions later. Tammy Nyden added that even though inclusion is stressed for all students, there are some children who cannot cope with the general school environment for whom inclusion does not work. She said that is the reason more therapeutic schools are needed. Anna Killpack agreed, saying that most educators only know a behavioral model, but that is not what youth with emerging serious mental illness need. Jim Rixner said that many problems arise because most people don't know much about mental illness and that training will help increase understanding.

Teresa Bomhoff said that yesterday three students from Grandview made a very good presentation on what it is like to have a mental illness to an assembly of about a thousand middle school students and she hopes to get others to do similar things. She said there are also new versions of NAMI's "Ending the Silence" that help to educate people about mental illness, and NAMI on Campus groups that should be promoted. Sharon Lambert said she has heard about mediation programs in schools where students are responsible for mediating bullying and other issues and they seem to be very effective. Teresa Bomhoff noted that there are currently efforts underway related to the first two items listed in the draft (MHFA training for teachers and other school personnel), so those efforts should be given a chance to work.

Sally Nadolsky suggested clarifying #4 by stating that the curriculum is related to mental health.

Teresa Bomhoff suggested condensing the 11 items into five categories:

- Items #1, 2, & 8 – MHFA training related to schools
- Items #3, 4, 5, 6, & 7 – training related to crisis and emergency response
- Item #9 – therapeutic schools
- Item #10 – workforce development
- Item #11 – support for OCA

Tammy Nyden suggested adding training for family practitioners and pediatricians on standardized screening for mental health issues to be used in all wellness exams.

Todd Lange suggested that OCA would benefit from increased funding for staff time. If more staff hours were supported OCA could help provide training in Emotional CPR and WRAP.

Jim Rixner said the M & O Committee will take the suggestions from today's discussion, updated the document, and bring it back to the Council in January. The goal is to move the effort forward and agree on recommendations to present to DHS and initiate a conversation. He said the Council could also emphasize that community mental health center funds should be used for MHFA training and that the substance abuse treatment community and their resources should be included.

Kim Wilson commented that the Council may be able to leverage some of the work regions and Life Long Links are doing. It was noted that Joe Sample could be called on to update the Council on Life Long Links and what the AAAs are doing.

Anna Killpack commented that she thinks the therapeutic schools recommendation is very important. She said she understands that educators need to be concerned about the least restrictive environment, but sometimes parents are put in the position of advocating for a more restrictive environment because it is what their child needs. She said there are six masters level therapists at the therapeutic school her son attends and students can go to them at any time. She said it is an environment where they learn to use coping skills, get their education, and are truly supported.

Tammy Nyden said that the blanket policy of inclusion gets in the way of starting special schools, yet kids who cannot cope in their community schools end up in PMICs or other institutional placements which are more restrictive than a special school would be. Lisa Wunn said her daughter has been in two different PMICS because she could not tolerate school. She said she was told by a principal that her daughter was "unteachable," but she not; she needs to learn in a more supportive setting.

## LEGISLATIVE PRIORITIES

Teresa Bomhoff shared a handout titled “Preview of AMOS Mental Health Workforce Workgroup Findings,” which looks at fifteen different mental health professions. Each group was asked to identify two ideas for legislation that would help move people in their profession into the workforce faster. From their responses, four common issues emerged:

- More training locations are needed across the state
- An entity needs to be identified to be in charge of this as a long term effort
- Steps should be taken to make providers more financially viable and insurance companies more accountable
- Existing recruitment, incentive, and loan forgiveness programs that work for the mental health workforce need to be better funded and a loan forgiveness program specifically for mental health workforce needs to be created and funded

Page 2 of the handout is a chart of existing programs, training requirements, and resources. Page 3 shows five recommendations made by the MHDS Workforce Workgroup in January 2013:

1. Improve the mental health and disabilities training of primary care doctors and other primary care providers.
2. Develop a system approach and incent the use of a team to improve treatment services, monitoring and case management of those with mental illness, co-occurring chronic illness, and those with co-morbid MH and SA disorders.
3. Review licensing and credentialing eligibility criteria for adequate and efficient production of a workforce that meets Iowa’s provider needs.
4. Plan immediately for provider service needs over the next 20 years.
5. Identify and implement strategies to fix system problems that inhibit productions of needed providers.

Teresa said this should be identified as an employment and economic development issue:

- Identify a responsible entity to focus on building the MHDS workforce to be in charge of, direct, and coordinate the effort.
- Staff a department focused on building the MHDS workforce, with attention to multi-occurring issues, trauma informed care, and evidence based practices.
- Require a MH and Disability Workforce Council.

For Providers:

1. Do not include training costs in administrative expenses.
2. Establish a clearinghouse for re-credentialing.
3. Require Medicaid and private insurance reimbursement for telehealth.

Tammy Nyden said that requiring reimbursement for telehealth could incentivize non-Iowa psychiatrists to become licensed in Iowa and expand the pool of psychiatrists available. Christina Schark commented that her mental health center uses a secure

URL for telehealth. Patients come to the center to see their psychiatrist via telehealth. One week a month the psychiatrists come to the center so that every few months a patient can have a face to face visit. That works well for most people, who rotate between regular telehealth visits and an in-person appointment every 3 to 4 visits. There are also a few people who have their appointments only through telehealth, and a few who are only seen in person. It was noted that such an approach addresses both access and transportation issues.

For Insurance Companies:

- Establish a floor for MH services reimbursement.
- Exigent or urgent preauthorization medication decisions required within 24 hours. (The initial rule is within 15 days.)
- Insurance companies required to cover the same MHDS core service and additional core service domains required for MHDS regions (SF 2315).
- Approval of reimbursement for “certified” MHDS providers, not just “licensed.”

Teresa said that the information gathered indicates that for non-profits, Medicare is probably the third highest payer, and for community mental health centers, Medicaid, counties, and Wellmark are the highest payers. She said that Medicaid has a full continuum of care for mental health, but private insurance does not. Insurance companies are refusing to pay some certified providers, saying that they must be licensed.

Starting on Page 5 of the handout, the existing recruitment and loan forgiveness programs in Iowa are outlined. On Page 6, the Iowa College Student Aid Commission programs are listed. Teresa said none of these programs have benefited professionals in the mental health field. AMOS is proposing a mental health loan forgiveness program for mental health professionals to use to fund training or to pay back loans after completing training in the occupations of:

- Psychiatrist
- Psychologist
- Psychiatric Advanced Nurse Practitioner
- Psychiatric Physician Assistant
- Psychiatric Social Worker
- Certified Behavior Analyst
- Certified Alcohol and Drug Counselor
- Certified Co-Occurring Disorders Professional

The proposal is for \$2 million annually to help incent mental health professionals with some combination of the following qualifications to pursue advanced degrees, practice in Iowa, and to meet the needs in specialty areas:

- Grew up in Iowa, have family in Iowa
- Commitment to practice in Iowa for 5 years
- Commitment to practice in an under-served area in Iowa for 3 years



- Specialty in child and adolescent MH
- Minority, cross cultural, or bilingual representation
- Pursuit of advanced degrees beyond Bachelors level

The last page of the handout is a summary of other workforce reports and recommendations that have been made in recent years. Jim Rixner commented that he thinks there could be support for such a proposal in the legislature. Representative Heaton has expressed frustration that Iowa continues to train mental health professionals who leave the state and practice elsewhere.

Teresa also shared a “Comparison of Legislative Priorities from Advocacy Organizations,” which is color coded to identify those priorities that are shared by several groups, and a complaint to the Iowa Insurance Commissioner recommending that Coventry be removed from the marketplace if it cannot show an adequate network of providers.

Teresa also indicated that she would like to invite someone from IME to come to the January Council meeting to talk about HCBS Waiver services and progress on the HCBS Waiver waiting list. She said she understands from DHS reports that only part of the \$6 million appropriation for reducing the list will be spent because there is not enough staff to process the applications and not enough providers.

A break for lunch was taken at 12:20 p.m.

## MEMBER HANDBOOKS

Connie Fanselow distributed new handbooks to members. New members or those who had not previously received a handbook received binders; other members received an updated packet of information to replace the earlier version. Members who were not present at the meeting will receive their copies at the January meeting or by mail.

## MHDS/DHS UPDATE

Laura Larkin presented an update on MHDS/DHS activities.

Crisis Stabilization Services Rules - These rules went into effect on December 1 and were approved by the ARRC (Administrative Rules Review Committee) yesterday without comment. Many comments were received during the development of the rules and those comments and responses are available in the Iowa Administrative Bulletin or the DHS website online.

Medicaid Offset Rules - These rules also were approved by the ARRC yesterday without issue. Teresa Bomhoff added that the offset amount has been calculated at about \$10 million.

Community Integration Workgroup – This workgroup is discussing recommendations to improve and support community integration for people with serious mental illness. Teresa Bomhoff is a member. This structure is similar to the MDHS redesign workgroups. The group has met twice and will meet again tomorrow for the third time. They are talking about gaps, needs, and what is working well. They will finalize their recommendations and their report is due to the Governor and the Legislature by December 15. Teresa added that the group has identified three areas that need work:

- Workforce
- Insurance reimbursements
- Rental assistance

She said the Iowa Finance Authority (IFA) has a small amount of money, but the demand always exceeds the amount of funds available. The workgroup will meet tomorrow at the United Way Conference Center to make the final decisions about what will go into their report. Information from all their meetings is available on the MDHS website.

Teresa Bomhoff commented that there is a national group called RHD from Pennsylvania that is going to start providing services in Cedar Rapids for some of the people providers find most difficult to serve. She said they plan to work with the region to help the individuals they serve live independently. They are willing to work with challenging behaviors. Laura noted that there is a lot of discussion about serving people with a combination of conditions.

Housing Website – Laura said IFA's new website for listing and finding rental housing, IowaHousingSearch.org, now has close to 40,000 apartments, and new listings are being added every day.

## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

Laura Larkin said that DHS received a draft monitoring report in September from the SAMHSA Site visit to Iowa that took place in September of 2013. The Department had time to review the report and suggest corrections or clarification. Laura said the program monitoring part of the report gives a good overview of mental health services in Iowa. There is another part to report on the audit of how block grant funds were spent; that part has not been received yet. The monitoring report is not a public document yet, but the reviewers were complimentary about the Planning Council and how the state has worked with the Council and other stakeholders. Copies will be shared and the Council will be able to study it in detail when it is finalized. The new block grant application has not yet been released, but Laura said she expects to start meeting with the Council's Block Grant Committee in December. She said she is working on laying out a framework for the state's priorities and how DHS plans to use the block grant to move those priorities forward.

Teresa Bomhoff summarized the draft Council priorities that were discussed earlier in the meeting:

- MHFA training in schools
- Community education for emergency response, law enforcement, and others
- Therapeutic schools
- Workforce development
- More funding for OCA

Laura noted that Iowa has one of the highest state per capita rates for MHFA training.

Teresa asked for volunteers to serve on the CMHS Block Grant Committee. The following members volunteered:

- |                    |                    |
|--------------------|--------------------|
| • Christina Schark | • Kim Wilson       |
| • Sharon Lambert   | • Jackie Dieckmann |
| • Ken Briggs       | • Anna Killpack    |
| • Kris Graves      | • Tammy Nyden      |
| • Teresa Bomhoff   | • Julie Hartman    |
| • Brad Richardson  |                    |

IDPH will also be invited to be involved. Connie noted that the narrative portion of the Block Grant application is available to members in Section 4 of the new member handbooks. Laura said she will share some possible meeting dates with the volunteers next week.

Laura said that SAMHSA has both “requested” and “required” provisions that relate to the Block Grant. They have requested that it is filed by April 1, 2015; it is not required to be submitted, however, until October 1, 2015 because the law has not changed, even though SAMHSA would like to change the policy. Laura said she plans to try to have it completed by April 1. There is still no requirement that the MH application be submitted with the IDPH SA Block Grant application, although some states have decided to combine them. SAMHSA has made the format of the two applications the same, so there are some parts that do not have to be filled out on separate applications. Laura noted that DHS and IDPH share information and coordinate their applications because the SA application has to discuss mental health and the MH application has to discuss substance abuse.

The priorities from the 2013 CMHS Block Grant application were:

1. Increase in availability of peer support services
2. Multi-occurring and trauma informed care training & TA to regions
3. Coordinated children’s services system

The implementation report that is submitted in December will report on the status of those priorities. In response to a question about the status of the children's system, Laura responded that the workgroups have ended, IHHs (Integrated Health Homes) for children have been implemented, and the legislature needs to provide additional direction on the next steps. Council members expressed frustration that Iowa still has not comprehensive system of children's mental health services.

Jim Rixner said he too often hears about what it will cost to do something, but legislators need to hear about what it is going to cost if nothing is done; they should know that this is an important issue that needs to move forward. Tammy Nyden said there is a misconception that everyone on the waiting list has Medicaid coverage. She said IHHs are good, but people continue to report that they cannot find services. Jim Rixner said there does not seem to have been much done toward really coordinating services for children. Sharon Lambert encouraged members to get in touch with their legislators and share their personal stories. Jim said legislators will often say "tell me something specific I can do" and even though they may recognize that a problem exists, they may not have any answers unless constituents tell them what they need.

Laura explained that the FY 2014-2015 federal budget includes an additional 5% in CMHS Block Grant funding and requires each state to use this 5% set-aside to support Evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. SAMHSA provided specific guidance with respect to these funds and States were required to submit plans on how they would use the money last May. In Iowa, the 5% is about \$186,000.

SAMHSA worked with the National Institute of Mental Health (NIMH) to develop its guidance, which referenced RAISE (Recovery After an Initial Schizophrenia Episode), a NIMH funded research initiative, and included information on CSC (Components of Coordinated Specialty Care), a care coordination model. CSC is a team-based, recovery-oriented approach involving individuals experiencing a first episode psychosis. CSC components include outreach, low-dosage medications, cognitive and behavioral skills training, supported employment and supported education, case management, and family psychoeducation. Teams would go out similar to the way ACT teams function.

The intention is to intervene early to preserve a person's level of functioning, instead of waiting until after it declines. Research indicates that with early and adequate support, a first episode of psychosis is something that individuals can recover from and it can be prevented from becoming a life-long serious mental health condition that significantly impairs functioning. That helps keep the person at home, in school, or at work and not completely disrupting their life. Eyerly Ball will be doing training and getting the service stated; DHS also wants to offer that to additional centers. The money must be spent by September 30.

Laura said that this program came out of a NIH (National Institutes of Health) study. She suggested that if the Council thinks this is an important issue that needs to be

addressed, it should look at what other states are doing and propose any changes that they would like to see Iowa make.

## OLMSTEAD CONSUMER TASKFORCE SURVEY

Liz O'Hara reported on the Olmstead Consumer Taskforce priorities survey, noting that the Taskforce is supported by the CMHS Block Grant, and that Jackie Dieckmann is now also a member of the OCTF, which will help facilitate more coordination between the two groups. Liz said votes are still continuing to come in, so the priorities are not yet final, but the group tried to use a democratic process to identify six to eight top issues.

At this point, the top five appear to be:

1. Services and funding for people with developmental disabilities (other than intellectual disabilities) and brain injury – the message of Olmstead is that people should get what they need regardless of their diagnosis
2. Added capacity of provider network – workforce; rural access
3. Expanding integrated employment
4. Reducing the housing gap – the OCTF has been working closely with IFA to help incentivize Olmstead friendly housing projects
5. Funding to reduce HCBS Waiver waiting lists

They are also interested in transition services from facilities. Liz said the next step is to tally the votes and convert the identified priorities into some kind of a work plan. The Taskforce will vote on the final draft in January.

Teresa Bomhoff asked about another survey the OCTF did on IHH experiences. Liz indicated that the results of that survey were not ready to discuss yet.

## NEXT MEETING

The next Council meeting is scheduled for January 21 at the United Way Conference Center. Connie is finalizing the 2015 meeting calendar and locations and will be sending it out to members in the next few weeks.

The meeting was adjourned at 2:45 p.m.

Minutes respectfully submitted by Connie B. Fanselow.